

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the First Amended
Accusation Against:**

Feliciano Antonio Serrano, II, M.D.

Case No. 800-2014-007881

**Physician's and Surgeon's
Certificate No. A 88849**

Respondent

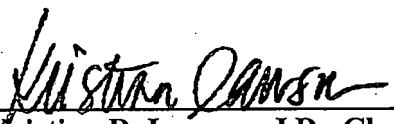
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 15, 2019.

IT IS SO ORDERED: February 13, 2019.

MEDICAL BOARD OF CALIFORNIA



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
CALIFORNIA DEPARTMENT OF JUSTICE
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7 *Attorneys for Complainant*

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation
Against:

12 **FELICIANO ANTONIO SERRANO, II,**
13 **M.D.**

14
15 Respondent.

Case No. 800-2014-007881

OAH No.: 2018040766

14 **STIPULATED SETTLEMENT AND**
15 **DISCIPLINARY ORDER**

16
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
18 entitled proceedings that the following matters are true:

19 PARTIES

20 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
21 of California (Board). She brought this action solely in her official capacity and is represented in
22 this matter by Xavier Becerra, Attorney General of the State of California, by Tan N. Tran,
23 Deputy Attorney General.

24 2. Respondent Feliciano Antonio Serrano, II, M.D. (Respondent) is represented in this
25 proceeding by attorney Kenneth R. Zuetel, Jr., whose address is: 249 S. Euclid Avenue.,
26 Pasadena, CA 91101.

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3. On or about September 10, 2004, the Board issued Physician's and Surgeon's Certificate No. A 88849 to Feliciano Antonio Serrano, II, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2014-007881, and will expire on March 31, 2020, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2014-007881 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on August 22, 2017. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2014-007881 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in First Amended Accusation No. 800-2014-007881. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in First

1 Amended Accusation No. 800-2014-007881 , and that he has thereby subjected his license to
2 disciplinary action.

3 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
4 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
5 Disciplinary Order below.

6 RESERVATION

7 11. The admissions made by Respondent herein are only for the purposes of this
8 proceeding, or any other proceedings in which the Medical Board of California or other
9 professional licensing agency is involved, and shall not be admissible in any other criminal or
10 civil proceeding.

11 CONTINGENCY

12 12. This stipulation shall be subject to approval by the Medical Board of California.
13 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
14 Board of California may communicate directly with the Board regarding this stipulation and
15 settlement, without notice to or participation by Respondent. By signing the stipulation,
16 Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the
17 stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this
18 stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of
19 no force or effect, except for this paragraph, it shall be inadmissible in any legal action between
20 the parties, and the Board shall not be disqualified from further action by having considered this
21 matter.

22 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
23 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
24 signatures thereto, shall have the same force and effect as the originals.

25 14. In consideration of the foregoing admissions and stipulations, the parties agree that
26 the Board may, without further notice or formal proceeding, issue and enter the following
27 Disciplinary Order:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 88849 issued to Respondent Feliciano Antonio Serrano, II, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence

1 assessment program.

2 At the end of the evaluation, the program will submit a report to the Board or its designee
3 which unequivocally states whether the Respondent has demonstrated the ability to practice
4 safely and independently. Based on Respondent's performance on the clinical competence
5 assessment, the program will advise the Board or its designee of its recommendation(s) for the
6 scope and length of any additional educational or clinical training, evaluation or treatment for any
7 medical condition or psychological condition, or anything else affecting Respondent's practice of
8 medicine. Respondent shall comply with the program's recommendations.

9 Determination as to whether Respondent successfully completed the clinical competence
10 assessment program is solely within the program's jurisdiction.

11 If Respondent fails to enroll, participate in, or successfully complete the clinical
12 competence assessment program within the designated time period, Respondent shall receive a
13 notification from the Board or its designee to cease the practice of medicine within three (3)
14 calendar days after being so notified. The Respondent shall not resume the practice of medicine
15 until enrollment or participation in the outstanding portions of the clinical competence assessment
16 program have been completed. If the Respondent did not successfully complete the clinical
17 competence assessment program, the Respondent shall not resume the practice of medicine until a
18 final decision has been rendered on the accusation and/or a petition to revoke probation. The
19 cessation of practice shall not apply to the reduction of the probationary time period.

20 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
21 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
22 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
23 licenses are valid and in good standing, and who are preferably American Board of Medical
24 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
25 relationship with Respondent, or other relationship that could reasonably be expected to
26 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
27 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
28 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

1 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
2 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
3 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
4 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
5 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
6 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
7 signed statement for approval by the Board or its designee.

8 Within 60 calendar days of the effective date of this Decision, and continuing throughout
9 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
10 make all records available for immediate inspection and copying on the premises by the monitor
11 at all times during business hours and shall retain the records for the entire term of probation.

12 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
13 date of this Decision, Respondent shall receive a notification from the Board or its designee to
14 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
15 shall cease the practice of medicine until a monitor is approved to provide monitoring
16 responsibility.

17 The monitor(s) shall submit a quarterly written report to the Board or its designee which
18 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
19 are within the standards of practice of medicine, and whether Respondent is practicing medicine
20 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
21 that the monitor submits the quarterly written reports to the Board or its designee within 10
22 calendar days after the end of the preceding quarter.

23 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
24 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
25 name and qualifications of a replacement monitor who will be assuming that responsibility within
26 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
27 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
28 notification from the Board or its designee to cease the practice of medicine within three (3)

1 calendar days after being so notified. Respondent shall cease the practice of medicine until a
2 replacement monitor is approved and assumes monitoring responsibility.

3 In lieu of a monitor, Respondent may participate in a professional enhancement program
4 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
5 review, semi-annual practice assessment, and semi-annual review of professional growth and
6 education. Respondent shall participate in the professional enhancement program at Respondent's
7 expense during the term of probation.

8 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
9 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
10 Chief Executive Officer at every hospital where privileges or membership are extended to
11 Respondent, at any other facility where Respondent engages in the practice of medicine,
12 including all physician and locum tenens registries or other similar agencies, and to the Chief
13 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
14 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
15 calendar days.

16 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

17 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
18 NURSES. During the first year of probation, Respondent is prohibited from supervising
19 physician assistants and advanced practice nurses.

20 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
21 governing the practice of medicine in California and remain in full compliance with any court
22 ordered criminal probation, payments, and other orders.

23 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
24 under penalty of perjury on forms provided by the Board, stating whether there has been
25 compliance with all the conditions of probation.

26 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
27 of the preceding quarter.

28 8. GENERAL PROBATION REQUIREMENTS.

1 Compliance with Probation Unit

2 Respondent shall comply with the Board's probation unit.

3 Address Changes

4 Respondent shall, at all times, keep the Board informed of Respondent's business and
5 residence addresses, email address (if available), and telephone number. Changes of such
6 addresses shall be immediately communicated in writing to the Board or its designee. Under no
7 circumstances shall a post office box serve as an address of record, except as allowed by Business
8 and Professions Code section 2021(b).

9 Place of Practice

10 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
11 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
12 facility.

13 License Renewal

14 Respondent shall maintain a current and renewed California physician's and surgeon's
15 license.

16 Travel or Residence Outside California

17 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
18 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
19 (30) calendar days.

20 In the event Respondent should leave the State of California to reside or to practice,
21 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
22 departure and return.

23 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
24 available in person upon request for interviews either at Respondent's place of business or at the
25 probation unit office, with or without prior notice throughout the term of probation.

26 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
27 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
28 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is

1 defined as any period of time Respondent is not practicing medicine as defined in Business and
2 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
3 patient care, clinical activity or teaching, or other activity as approved by the Board. If
4 Respondent resides in California and is considered to be in non-practice, Respondent shall
5 comply with all terms and conditions of probation. All time spent in an intensive training
6 program which has been approved by the Board or its designee shall not be considered non-
7 practice and does not relieve Respondent from complying with all the terms and conditions of
8 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
9 on probation with the medical licensing authority of that state or jurisdiction shall not be
10 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
11 period of non-practice.

12 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
13 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
14 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
15 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
16 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

17 Respondent's period of non-practice while on probation shall not exceed two (2) years.

18 Periods of non-practice will not apply to the reduction of the probationary term.

19 Periods of non-practice for a Respondent residing outside of California will relieve
20 Respondent of the responsibility to comply with the probationary terms and conditions with the
21 exception of this condition and the following terms and conditions of probation: Obey All Laws;
22 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
23 Controlled Substances; and Biological Fluid Testing.

24 11. COMPLETION OF PROBATION. Respondent shall comply with all financial
25 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
26 completion of probation. Upon successful completion of probation, Respondent's certificate shall
27 be fully restored.

28 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition

1 of probation is a violation of probation. If Respondent violates probation in any respect, the
2 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
3 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
4 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
5 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
6 the matter is final.

7 13. LICENSE SURRENDER. Following the effective date of this Decision, if
8 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
9 the terms and conditions of probation, Respondent may request to surrender his or her license.
10 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
11 determining whether or not to grant the request, or to take any other action deemed appropriate
12 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
13 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
14 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
15 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
16 application shall be treated as a petition for reinstatement of a revoked certificate.

17 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
18 with probation monitoring each and every year of probation, as designated by the Board, which
19 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
20 California and delivered to the Board or its designee no later than January 31 of each calendar
21 year.

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

10/26/18

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General



TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2014-007881

1 XAVIER BECERRA
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 22 2017
BY Sara Pasion ANALYST

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2014-007881

13 **Feliciano Antonio Serrano II, M.D.**
14 **7305 Pacific Blvd., Fl. 2**
15 **Huntington Park, CA 90255**

FIRST AMENDED ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. A 88849,**

Respondent.

18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
21 her official capacity as the Executive Director of the Medical Board of California, Department of
22 Consumer Affairs (Board).

23 2. On or about September 10, 2004, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 88849 to Feliciano Antonio Serrano II, M.D. (Respondent). The
25 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
26 charges brought herein and will expire on March 31, 2018, unless renewed.

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JURISDICTION

3. This First Amended Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"(f) Approving undergraduate and graduate medical education programs.

"(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

"(h) Issuing licenses and certificates under the board's jurisdiction.

"(i) Administering the board's continuing medical education program."

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

1 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 "(b) Gross negligence.

4 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9 "(2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 "(d) Incompetence.

15 "(e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 "(f) Any action or conduct which would have warranted the denial of a certificate.

18 "(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of
21 the proposed registration program described in Section 2052.5.

22 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview by the Board. This subdivision shall only apply to a certificate holder
24 who is the subject of an investigation by the Board."

25 7. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
26 adequate and accurate records relating to the provision of services to their patients constitutes
27 unprofessional conduct.

28 ////

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code, in that Respondent engaged in acts and omissions in the care and treatment of a patient, constituting gross negligence. The circumstances are as follows:

Patient Irene D.

A. Irene D.¹ (patient) was a 64-year-old female who presented with left lower extremity pain. On examination, the patient had spider veins nearly circumferentially involving her bilateral lower extremities. The patient had a history of hypertension, hyperlipidemia, diabetes, coronary disease, peripheral vascular disease, anxiety, gastroesophageal reflux, mild obesity, GI bleeding, plantar fasciitis, and osteoarthritis. Diagnostic work-up included a venous duplex with no images or report provided. A handwritten note on June 6, 2012 states, "pt [patient] has no evidence of DVT [Deep Vein Thrombosis]. Pt shows evidence of reflux bilaterally in the GSV and SSV. Pt has mostly spider veins."

B. The patient's initial visit with Respondent was on June 6, 2012. There are no standard physical examination, bilateral lower extremity venous duplex report or images available. There is no standard documentation of a differential diagnosis of the patient's symptoms and plans for additional workup to understand the etiology and subsequent treatment strategy.

C. On July 6, 2012, Respondent performed a left greater saphenous vein surgery on the patient. The procedure note reads, "endovenous laser treatment

¹ The identity of the patient will be disclosed to Respondent upon receipt of a proper discovery request.

(EVLT) obliteration of the greater saphenous vein and stab-incision avulsion of varicose tributaries.”²

D. After the July 6, 2012 surgery, the patient returned to Respondent with progressive symptoms,³ and Respondent prescribed narcotics (Tylenol # 3) to the patient on August 5, 2012. Sclerotherapy was scheduled for the patient for September 5, 2012, and on September 17, 2012, Respondent also prescribed Keflex (an antibiotic) and Naproxen (an anti-inflammatory) to the patient, and subsequently recommended that the patient undergo an SSV ablation procedure.⁴

E. On October 18, 2012, the patient presented to the emergency room with digital cyanosis and gangrene. Tests showed that the patient had superficial femoral artery stenosis, and the patient was subsequently admitted for anticoagulation, additional workup, angioplasty, and stent placement. After said emergency procedures were performed, the patient was discharged home on October 26, 2012.

F. Respondent engaged in gross negligence in the care and treatment of Irene D., as follows:

(1) By failing to perform an appropriate physical examination on the patient during the post-operative period, when the patient continued to complain of progressive symptoms, thus representing an extreme departure from the standard of care.

² It appears from the report that stab avulsions were not performed.

³ The notes during the post-operative period from about July 13, 2012 through October 9, 2012 describes significant improvement and resolution of symptoms, but there is no documentation regarding consideration for why there is increased pain, and there is no documentation that there was any work-up performed to confirm the problem.

⁴ It appeared that Respondent made this recommendation without trying to find the cause of the patient’s progressive symptoms, and despite the fact that an ultrasound, dated July 13, 2012, showed that the patient had no evidence of DVT.

- 1 (2) By failing to perform adequate additional diagnostic work-up(s) on the
2 patient to correctly diagnose the patient's progressive symptoms.
- 3 (3) By failing to order an ultrasound to confirm the patient's peripheral arterial
4 disease.
- 5 (4) By recommending that the patient undergo a short saphenous vein ablation
6 procedure.
- 7 (5) By failing to make an appropriate diagnosis of the patient's condition, and
8 failing to provide appropriate diagnostic work and treatment of the
9 patient's left superficial femoral artery occlusion during the post-operative
10 period.
11

12 **Patient Josefina Y.**

13 A. Josefina Y.⁵ (patient) was a 54-year-old female who presented with aneurysmal
14 left arm arteriovenous fistula. The patient had her own nephrologist and had been
15 on hemodialysis for 7 years prior to seeing respondent. The patient saw
16 respondent to explore her options for treatment of renal failure.⁶ Per records
17 available to the Board, the patient visited respondent on March 2, 2015, March 16,
18 2015, May 18, 2015, July 8, 2015, July 27, 2015, and February 17, 2016, during
19 which respondent performed a vascular surgery procedure on the patient at each
20 visit.⁷
21
22

23 ⁵ The identity of the patient will be disclosed to Respondent upon receipt of a proper
24 discovery request.

25 ⁶ The patient's family asserts that the patient saw respondent's advertisement on television
26 and believed that respondent could help the patient get off of dialysis because respondent was a
27 "vascular doctor/specialist."

28 ⁷ The operative reports show that the exact same procedures were performed by
respondent on the patient, on these dates (i.e. angioplasty and stent placements). In fact, some of
the operative reports, which purportedly documented the procedures performed on separate dates,
were identical to each other. It is likely that the patient returned because of progressive
symptoms, and subsequently died on July 5, 2016. Although the operative reports authored by

1 B. Respondent engaged in gross negligence in the care and treatment of
2 Josefina Y., by failing to provide adequate records and/or radiographic images
3 which would have provided objective evidence of the procedures performed and
4 reasons for those procedures. This represents an extreme departure from the
5 standard of care.

6 **SECOND CAUSE FOR DISCIPLINE**

7 (Repeated Negligent Acts)

8
9 9. By reason of the facts and opinions set forth in above-numbered paragraph 8 (A)
10 through (F) in the First Cause for Discipline, above, Respondent is subject to disciplinary action
11 under section 2234, subdivision (c) of the Code, in that Respondent engaged in acts and
12 omissions in the care and treatment of a patient, constituting repeated negligent acts.

13 10. Respondent also committed repeated negligent acts in his care of patient Irene D.,
14 as follows:

15
16 (1) By failing to make the correct diagnosis of the patient's left lower extremity
17 symptoms during the pre-operative period.

18 (2) By failing to make an appropriate pre-operative evaluation of the patient, and to
19 perform an operation for saphenous vein ablation on the patient, which was not indicated.

20 (3) By failing to give consideration to other causes of the patient's pain and
21 progressive symptoms.

22 (4) By failing to document that Respondent had made a review of the indications
23 for the procedure, his work up of other etiologies, and that a discussion of the risks of the
24 procedure were made.

25 11. Respondent also committed repeated negligent acts in his care of patient Josefina
26
27 respondent indicated that a stent was placed into the patient by respondent, the stent was never
28 seen when the entire fistula was removed, and respondent also stated, at least on one occasion,
that no stent was placed.

Y., as follows:

(1) By performing nearly identical procedures on the same patient on multiple occasions with no documented clinical benefit, and without adequately documenting the justification therefor.

(2) By failing to communicate with and to obtain medical records from the patient's nephrologist.

(3) By failing to make a referral to a vascular surgeon for revision of the arterio-venous fistula with aneurysm repair or back to the patient's nephrologist.

(4) By failing to adequately address the patient's aneurysmal dilation, which respondent identified at the initial visit.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

11. By reason of the facts and opinions set forth in the First and Second Causes for Discipline above, Respondent is subject to disciplinary action under section 2234, subdivision (d) of the Code, in that Respondent engaged in acts and omissions in the care and treatment of a patient, constituting incompetence.

FOURTH CAUSE FOR DISCIPLINE

(Inadequate Records)

12. By reason of the facts and allegations set forth in the First and Second Causes for Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records of his care and treatment of patients Irene D. and Josefina Y.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 88849, issued to Feliciano Antonio Serrano II, M.D.;
2. Revoking, suspending or denying approval of Feliciano Antonio Serrano II, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Feliciano Antonio Serrano II, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: August 22, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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